

Fill in this information to identify the case:

Debtor name Smarthealth Paycard LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) 23-40688

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 01/01/2023 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$613,529.15

For prior year:
From 01/01/2022 to 12/31/2022

☒ Operating a business

☐ Other _____

\$2,859,562.35

For year before that:
From 01/01/2021 to 12/31/2021

☒ Operating a business

☐ Other _____

\$1,752,809.45

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Transfer of Income to HCPC See Question 1 (Revenue)			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Transfer of Income to HCPC See Question 1 (Revenue) Please also see Exhibit 2 to Healthcare Paycard SOFA (23-40687) to the extent transfers from Smarthealth Paycard LLC			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Blankinship v. Clampitt; Healthcare Paycard LLC, and Smarthealth Paycard LLC (HCPC and SHPC dismissed since Petition Date) Reference No. 5310000375	Civil	JAMS Arbitration	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
---	---	-------	-----------------------

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Undetermined; Will Supplement			\$0.00
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	111 Spring Valley Road Suite 200 Richardson, TX 75081	2017-2021

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	--

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Personal financial information of card members

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?
☐ No Go to Part 10.

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**☒ Yes. Fill in below:

Name of plan

Undetermined; Will Supplement

Employer identification number of the plan

EIN:

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None**Financial Institution name and Address****Last 4 digits of account number****Type of account or instrument****Date account was closed, sold, moved, or transferred****Last balance before closing or transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None**Depository institution name and address****Names of anyone with access to it
Address****Description of the contents****Does debtor still have it?****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None**Facility name and address****Names of anyone with access to it****Description of the contents****Does debtor still have it?****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Sadie Peters 5600 Tennyson Pkwy Suite 190 Plano, TX 75093	2019 - Petition Date
26a.2. Bob Boulanger 3115 Gentry Dr. Sachse, TX 75048	2019 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Lain Faulkner & Co., P.C. 400 North Saint Paul St. Suite 600 Dallas, TX 75201	2020-2021

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **Smarthealth Paycard LLC**

Case number (if known) **23-40688**

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Lain Faulkner & Co., P.C.**
400 North Saint Paul St.
Suite 600
Dallas, TX 75201

26c.2. **Paul Clampitt**
5600 Tennyson Pkwy.
Suite 190
Plano, TX 75093

26c.3. **Jeffery Blankinship (limited access)**
5901 Westmont Dr.
Plano, TX 75093

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **1st Community Federal Credit Union**
3505 Wildewood Dr.
San Angelo, TX 76904

26d.2. **Unknown; Will Supplement if Necessary**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Paul Clampitt	5600 Tennyson Pkwy. Suite 190 Plano, TX 75093	Manager	
Name	Address	Position and nature of any interest	% of interest, if any
Jeffery Blankinship (excluded by Paul Clampitt)	5901 Westmont Dr. Plano, TX 75093	Manager	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Debtor **Smarthealth Paycard LLC**Case number (if known) **23-40688**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	See Response to Questions 3 and 4, above. Please also see Exhibit 2 to Healthcare Paycard SOFA (23-40687) to the extent transfers from Smarthealth Paycard LLC (attached)			
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund
EIN:

Undetermined; Will Supplement If Necessary

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 25, 2023**/s/ **Jeffery Blankinship**

Signature of individual signing on behalf of the debtor

Jeffery Blankinship

Printed name

Position or relationship to debtor **Manager**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

In re Healthcare Paycard LLC – Case No. 23-40687

In re Smarthealth Paycard LLC – Case No. 23-40688

DISCLAIMER REGARDING PREPARATION OF
SCHEDULES AND STATEMENT OF FINANCIAL AFFAIRS

Prior to the Petition Date, Jeffery Blankinship was one of two managers of both Debtors, Healthcare Paycard LLC and Smarthealth Paycard LLC. However, Mr. Blankinship was excluded from the management of the Debtors and had limited access to the books and records of the Debtor prior to the bankruptcy filings. As the only remaining manager at the time the Court entered its Orders for Relief in the Debtors' cases, Mr. Blankinship became the responsible party to prepare the Schedules and Statement of Financial Affairs ("SOFA") for the Debtors. As such, Mr. Blankinship endeavored to prepare the Schedules and SOFAs, with the assistance of an existing financial consultant of the Debtors, with this limited recent institutional knowledge of the Debtors' operations and finances. Additionally, during the preparation of the Schedules and SOFA, Mr. Blankinship continued to experience challenges in accessing pertinent electronic information of the Debtors. Given the circumstances, Mr. Blankinship will continue to review the Debtors' files and records to determine if any amendments are necessary and will remain in contact with the Chapter 7 Trustee regarding any additional findings.

EXHIBIT 2
HCPC - 23-40687

SmartHealth PayCard
Bill Payment List
April 20, 2022 - April 20, 2023

11000 Wells Checking HCPC 9357 (Operating)

Date	Num	Vendor	Amount
07/17/2022	XFR 07.18	Alloy Insurance Partners LLC	(723.46)
10/13/2022	XFR 10.13	Alloy Insurance Partners LLC	(31,309.16)
03/03/2023	XFR 03.03	Alloy Insurance Partners LLC	(39,115.00)
		Alloy Insurance Partners LLC Total	(71,147.62)
06/21/2022	ACH 06.21	CU Revl, LLC	(27,123.28)
07/13/2022	ACH 07.13	CU Revl, LLC	(5,876.71)
08/02/2022	ACH 08.02	CU Revl, LLC	(58,586.30)
09/07/2022	ACH 09.07	CU Revl, LLC	(56,755.48)
10/04/2022	ACH 10.04	CU Revl, LLC	(54,924.66)
11/07/2022	ACH 11.07	CU Revl, LLC	(56,755.48)
12/20/2022	ACH 12.20	CU Revl, LLC	(54,924.66)
01/18/2023	ACH 01.18	CU Revl, LLC	(56,755.48)
02/06/2023	ACH 02.06	CU Revl, LLC	(56,755.48)
03/21/2023	ACH 03.21	CU Revl, LLC	(51,263.01)
		CU Revl, LLC Total	(479,720.54)
04/27/2022	XFR 04.27	ISI	(4,636.19)
04/28/2022	XFR 04.28	ISI	(22,057.92)
05/11/2022	XFR 05.11	ISI	(4,408.45)
05/11/2022	XFR 05.11	ISI	(4,582.22)
05/26/2022	XFR 05.26	ISI	(22,034.52)
05/26/2022	XFR 05.26	ISI	(4,582.22)
06/13/2022	XFR 06.13	ISI	(4,582.21)
06/13/2022	XFR 06.13	ISI	(18,319.46)
06/21/2022	XFR 06.21	ISI	(14,426.16)
06/23/2022	XFR 06.23	ISI	(8,559.84)
06/28/2022	XFR 06.28	ISI	(5,398.06)
07/13/2022	XFR 07.13	ISI	(1,709.78)
07/13/2022	XFR 07.13	ISI	(6,290.62)
07/15/2022	XFR 07.15	ISI	(7,331.76)
07/18/2022	XFR 07.18	ISI	(723.46)
07/19/2022	XFR 07.19	ISI	(263.42)
07/26/2022	XFR 07.26	ISI	(4,848.91)
07/29/2022	XFR 07.29	ISI	(11,084.31)
08/11/2022	XFR 08.11	ISI	(9,219.02)
08/16/2022	XFR 08.16	ISI	(7,503.12)
08/16/2022	6	ISI	(9,273.64)
08/29/2022	XFR 08.29	ISI	(38,064.88)
09/01/2022	XFR 09.01	ISI	(8,201.79)
09/12/2022	XFR 09.12	ISI	(5,206.00)
09/23/2022	XFR 09.23	ISI	(6,711.60)
09/27/2022	XFR 09.27	ISI	(12,784.06)
09/28/2022	XFR 09.28	ISI	(16,571.20)
10/17/2022	XFR 10.17	ISI	(5,989.44)
10/18/2022	XFR 10.18	ISI	(3,650.48)
10/26/2022	XFR 10.26	ISI	(23,137.21)
11/01/2022	XFR 11.01	ISI	(10,053.45)
11/10/2022	XFR 11.10	ISI	(10,000.00)
11/10/2022	XFR 11.10	ISI	(5,946.54)
11/15/2022	XFR 11.15	ISI	(5,173.44)
11/17/2022	ACH 11.17	ISI	(4,368.42)
11/25/2022	XFR 11.25	ISI	(20,946.56)
12/05/2022	XFR 12.05	ISI	(9,000.00)
12/12/2022	ACH 12.12	ISI	(5,946.54)

12/27/2022	XFR 12.27	ISI	(5,030.64)
12/28/2022	XFR 12.28	ISI	(12,391.57)
12/28/2022	XFR 12.28	ISI	(5,946.57)
01/09/2023	XFR 01.09	ISI	(6,000.00)
01/11/2023	ACH 01.11	ISI	(6,329.46)
01/20/2023	XFR 01.20	ISI	(15,938.36)
01/27/2023	XFR 01.27	ISI	(5,696.15)
02/10/2023	ACH 02.10	ISI	(6,006.03)
02/15/2023	ACH 02.15	ISI	(4,957.20)
02/22/2023	XFR 02.22	ISI	(7,497.97)
02/23/2023	XFR 02.23	ISI	(8,821.60)
03/13/2023	XFR 03.13	ISI	(5,970.83)
03/28/2023	XFR 03.28	ISI	(5,970.87)
03/30/2023	XFR 03.30	ISI	(8,491.78)
04/12/2023	XFR 04.12	ISI	(5,970.85)
04/12/2023	XFR 04.12	ISI	(9,830.60)
04/20/2023	XFR 04.20	ISI	(5,609.86)
		ISI Total	(490,047.24)
04/28/2022	1331	Jeff Blankinship	-
04/28/2022	1332	Jeff Blankinship	(12,000.00)
07/29/2022	1350	Jeff Blankinship	(4,283.75)
		Jeff Blankinship Total	(16,283.75)

SmartHealth PayCard













Type: All transactions · Status: All statuses · Name: Alloy Insurance Partners LLC · Date: All dates

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	05/18/2023	Bill	2154	Alloy Insurance Partners LLC	-Split-		\$6,737.98	1	Schedule payment
<input type="checkbox"/>	03/03/2023	Bill Payment (Check)	XFR 03.03	Alloy Insurance Partners LLC			-\$39,115.00		View/Edit
<input type="checkbox"/>	03/03/2023	Bill	2137	Alloy Insurance Partners LLC	Prepaid Insurance		\$18,534.00	1	View/Edit
<input type="checkbox"/>	03/02/2023	Bill	2136E&O	Alloy Insurance Partners LLC	Prepaid Insurance		\$20,581.00	1	View/Edit
<input type="checkbox"/>	10/13/2022	Bill Payment (Check)	XFR 10.13	Alloy Insurance Partners LLC			-\$31,309.16		View/Edit
<input type="checkbox"/>	10/12/2022	Bill	2134	Alloy Insurance Partners LLC	-Split-		\$5,946.54	1	View/Edit
<input type="checkbox"/>	10/12/2022	Bill	2133	Alloy Insurance Partners LLC	Alloy Payable		\$25,362.62	1	View/Edit
<input type="checkbox"/>	07/17/2022	Bill Payment (Check)	XFR 07.18	Alloy Insurance Partners LLC			-\$723.46		View/Edit
<input type="checkbox"/>	07/15/2022	Bill	2128	Alloy Insurance Partners LLC	-Split-		\$723.46	2	View/Edit

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	07/28/2021	Bill Payment (Check)	XFR 07.28	Alloy Insurance Partners LLC			-\$4,523.85		View/Edit
<input type="checkbox"/>	07/10/2021	Bill	JulAmEx	Alloy Insurance Partners LLC	-Split-		\$4,536.33	3	View/Edit
<input type="checkbox"/>	06/30/2021	Bill		Alloy Insurance Partners LLC	Interest Expense	June 2021 Interest on Note	\$704.17	2	View/Edit
<input type="checkbox"/>	06/10/2021	Bill	JuneAmEx2111	Alloy Insurance Partners LLC	-Split-		\$3,819.68	4	View/Edit
<input type="checkbox"/>	06/03/2021	Bill Payment (Check)	XFR 06.03	Alloy Insurance Partners LLC			-\$5,994.47		View/Edit
<input type="checkbox"/>	05/31/2021	Bill		Alloy Insurance Partners LLC	Interest Expense	May 2021 Interest on Note	\$704.17	2	View/Edit
<input type="checkbox"/>	04/30/2021	Bill		Alloy Insurance Partners LLC	Interest Expense	Apr 2021 Interest on Note	\$704.17	2	View/Edit

SmartHealth PayCard

Type: All transactions · Status: All statuses · Name: CU Revl, LLC · Date: All dates

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	06/01/2023	Bill	4016	CU Revl, LLC	Interest Expense		\$56,755.48	1	Schedule payment 
<input type="checkbox"/>	05/26/2023	Bill Payment (Check)	ACH 05.26	CU Revl, LLC			-\$54,924.65		View/Edit 
<input type="checkbox"/>	05/01/2023	Bill	4015	CU Revl, LLC	Interest Expense		\$54,924.65	1	View/Edit 
<input type="checkbox"/>	04/25/2023	Bill Payment (Check)	ACH 04.25	CU Revl, LLC			-\$57,806.51		View/Edit 
<input type="checkbox"/>	04/10/2023	Bill	4014	CU Revl, LLC	Interest Expense		\$57,806.51	1	View/Edit 
<input type="checkbox"/>	03/21/2023	Bill Payment (Check)	ACH 03.21	CU Revl, LLC			-\$51,263.01		View/Edit 
<input type="checkbox"/>	03/06/2023	Bill	4013	CU Revl, LLC	Interest Expense		\$51,263.01	1	View/Edit 
<input type="checkbox"/>	02/06/2023	Bill Payment (Check)	ACH 02.06	CU Revl, LLC			-\$56,755.48		View/Edit 
<input type="checkbox"/>	02/03/2023	Bill	4012	CU Revl, LLC	Interest Expense		\$56,755.48	1	View/Edit 
<input type="checkbox"/>	01/18/2023	Bill Payment (Check)	ACH 01.18	CU Revl, LLC			-\$56,755.48		View/Edit 
<input type="checkbox"/>	01/03/2023	Bill	4011	CU Revl, LLC	Interest Expense		\$56,755.48	1	View/Edit 
<input type="checkbox"/>	12/20/2022	Bill Payment (Check)	ACH 12.20	CU Revl, LLC			-\$54,924.66		View/Edit 

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	12/06/2022	Bill	4010	CU Revl, LLC	Interest Expense		\$54,924.66	1	View/Edit
<input type="checkbox"/>	11/07/2022	Bill Payment (Check)	ACH 11.07	CU Revl, LLC			-\$56,755.48		View/Edit
<input type="checkbox"/>	11/02/2022	Bill	4008	CU Revl, LLC	Interest Expense		\$56,755.48	1	View/Edit
<input type="checkbox"/>	10/04/2022	Bill Payment (Check)	ACH 10.04	CU Revl, LLC			-\$54,924.66		View/Edit
<input type="checkbox"/>	10/04/2022	Bill	4005	CU Revl, LLC	Interest Expense		\$54,924.66	1	View/Edit
<input type="checkbox"/>	09/07/2022	Bill Payment (Check)	ACH 09.07	CU Revl, LLC			-\$56,755.48		View/Edit
<input type="checkbox"/>	09/02/2022	Bill	4002	CU Revl, LLC	Interest Expense		\$56,755.48	1	View/Edit
<input type="checkbox"/>	08/02/2022	Bill Payment (Check)	ACH 08.02	CU Revl, LLC			-\$58,586.30		View/Edit
<input type="checkbox"/>	08/01/2022	Bill	4000	CU Revl, LLC	Interest Expense		\$58,586.30	1	View/Edit
<input type="checkbox"/>	07/13/2022	Bill Payment (Check)	ACH 07.13	CU Revl, LLC			-\$5,876.71		View/Edit
<input type="checkbox"/>	07/11/2022	Bill	1007	CU Revl, LLC	Interest Expense		\$5,876.71	1	View/Edit
<input type="checkbox"/>	06/21/2022	Bill Payment (Check)	ACH 06.21	CU Revl, LLC			-\$27,123.28		View/Edit
<input type="checkbox"/>	06/16/2022	Bill	1110	CU Revl, LLC	Interest Expense	Loan Interest due	\$13,561.64	1	View/Edit
<input type="checkbox"/>	05/16/2022	Bill	1006	CU Revl, LLC	Interest Expense	Loan Interest Due	\$13,561.64	1	View/Edit

SmartHealth PayCard

Type: All transactions · Status: All statuses · Name: ISI · Date: All dates

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	06/01/2023	Bill	2459	ISI	Consulting Fees		\$2,500.00		Schedule payment <input type="checkbox"/>
<input type="checkbox"/>	06/01/2023	Bill Payment (Check)	XFR 06.01	ISI			-\$5,970.84		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/26/2023	Bill Payment (Check)	XFR 05.26	ISI			-\$5,886.13		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/26/2023	Bill	2450	ISI	-Split-		\$5,886.13	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/23/2023	Bill Payment (Check)	XFR 05.23	ISI			-\$7,739.20		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/11/2023	Bill Payment (Check)	XFR 05.11	ISI			-\$4,618.56		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/11/2023	Bill	2442	ISI	-Split-		\$5,970.84	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/05/2023	Bill	2439	ISI	Cardmember Benefits COGS		\$4,618.56	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/02/2023	Bill Payment (Check)	XFR 05.02	ISI			-\$5,970.85		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	05/01/2023	Bill	2438	ISI	Consulting Fees		\$2,500.00		Schedule payment <input type="checkbox"/>
<input type="checkbox"/>	04/30/2023	Bill	2445	ISI	401k Match		\$966.71	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/28/2023	Bill Payment (Check)	XFR 04.28	ISI			-\$1,338.62		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/26/2023	Bill	2433	ISI	-Split-		\$5,970.85	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/20/2023	Bill Payment (Check)	XFR 04.20	ISI			-\$5,609.86		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/19/2023	Bill	2446	ISI	-Split-		\$4,589.97	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/15/2023	Bill	2444	ISI	401k Match		\$966.71	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/14/2023	Bill	2443	ISI	Telephone Expense		\$928.82	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/12/2023	Bill Payment (Check)	XFR 04.12	ISI			-\$9,830.60		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/12/2023	Bill Payment (Check)	XFR 04.12	ISI			-\$5,970.85		View/Edit <input type="checkbox"/>

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	04/12/2023	Bill	2420	ISI	-Split-		\$5,970.85	1	View/Edit
<input type="checkbox"/>	04/11/2023	Bill	2447	ISI	Bank Service Charges		\$286.99		View/Edit
<input type="checkbox"/>	04/05/2023	Bill	2418	ISI	Cardmember Benefits COGS		\$4,712.40	1	View/Edit
<input type="checkbox"/>	04/01/2023	Bill	2419	ISI	Consulting Fees		\$2,500.00		Schedule payment
<input type="checkbox"/>	03/31/2023	Bill	2423	ISI	401k Match		\$966.71	1	View/Edit
<input type="checkbox"/>	03/30/2023	Bill Payment (Check)	XFR 03.30	ISI			-\$8,491.78		View/Edit
<input type="checkbox"/>	03/28/2023	Bill Payment (Check)	XFR 03.28	ISI			-\$5,970.87		View/Edit
<input type="checkbox"/>	03/28/2023	Bill	2407	ISI	-Split-		\$5,970.87	1	View/Edit
<input type="checkbox"/>	03/20/2023	Bill	2425	ISI	-Split-		\$3,596.44	2	View/Edit
<input type="checkbox"/>	03/15/2023	Bill	2422	ISI	401k Match		\$966.71	1	View/Edit
<input type="checkbox"/>	03/15/2023	Bill	2400	ISI	Cardmember Benefits COGS		\$4,814.40	1	View/Edit
<input type="checkbox"/>	03/14/2023	Bill		ISI	-Split-		\$1,338.62	2	View/Edit
<input type="checkbox"/>	03/13/2023	Bill Payment (Check)	XFR 03.13	ISI			-\$5,970.83		View/Edit
<input type="checkbox"/>	03/13/2023	Bill	2398	ISI	-Split-		\$5,970.83	1	View/Edit
<input type="checkbox"/>	03/01/2023	Bill	2416	ISI	Bank Service Charges		\$303.80	1	View/Edit
<input type="checkbox"/>	03/01/2023	Bill	2394	ISI	Consulting Fees		\$2,500.00		Schedule payment
<input type="checkbox"/>	02/28/2023	Bill	2410	ISI	401k Match		\$966.71	1	View/Edit
<input type="checkbox"/>	02/28/2023	Bill	2408	ISI	-Split-		\$1,683.94	3	View/Edit
<input type="checkbox"/>	02/23/2023	Bill Payment (Check)	XFR 02.23	ISI			-\$8,821.60		View/Edit
<input type="checkbox"/>	02/23/2023	Bill	2383	ISI	-Split-		\$5,977.34	1	View/Edit
<input type="checkbox"/>	02/22/2023	Bill Payment (Check)	XFR 02.22	ISI			-\$7,497.97		View/Edit
<input type="checkbox"/>	02/17/2023	Bill	FebAmEx	ISI	-Split-		\$4,874.42	2	View/Edit

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	02/15/2023	Bill	2409	ISI	401k Match		\$966.71	1	<div>View/Edit</div>
<input type="checkbox"/>	02/15/2023	Bill Payment (Check)	ACH 02.15	ISI			-\$4,957.20		<div>View/Edit</div>
<input type="checkbox"/>	02/13/2023	Bill	2378	ISI	Cardmember Benefits	COGS	\$4,957.20	1	<div>View/Edit</div>
<input type="checkbox"/>	02/10/2023	Bill Payment (Check)	ACH 02.10	ISI			-\$6,006.03		<div>View/Edit</div>
<input type="checkbox"/>	02/10/2023	Bill	2377	ISI	-Split-		\$6,006.03	1	<div>View/Edit</div>
<input type="checkbox"/>	02/01/2023	Bill	2376	ISI	Consulting Fees		\$2,500.00		<div>Schedule payment</div>
<input type="checkbox"/>	01/31/2023	Bill		ISI	Telephone Expense		\$80.00		<div>View/Edit</div>
<input type="checkbox"/>	01/31/2023	Bill	0131401	ISI	401k Match		\$966.71	1	<div>View/Edit</div>
<input type="checkbox"/>	01/31/2023	Bill	2382	ISI	-Split-		\$894.69	2	<div>View/Edit</div>

SmartHealth PayCard

Type: All transactions · Status: All statuses · Name: Paul Clampitt · Date: All dates

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	01/01/2023	Journal Entry	574	Paul Clampitt			-\$27,990.00		
<input type="checkbox"/>	07/31/2022	Bill		Paul Clampitt	Legal Fees		\$134,848.97	1	Schedule payment
<input type="checkbox"/>	04/04/2022	Bill Payment (Check)	ACH 04.04	Paul Clampitt			-\$5,200.00		View/Edit
<input type="checkbox"/>	04/04/2022	Bill		Paul Clampitt	Advertising and Promotion	Reimbursement for Donation	\$5,200.00	1	View/Edit
<input type="checkbox"/>	03/22/2022	Bill Payment (Check)	Clearing	Paul Clampitt			\$0.00		View/Edit
<input type="checkbox"/>	03/22/2022	Journal Entry	270	Paul Clampitt	-Split-	Partner Interest Expense forgiveness	-\$135,024.95	3	
<input type="checkbox"/>	08/31/2021	Bill		Paul Clampitt	-Split-	August 2021 Interest on Paul's notes	\$5,524.99	6	View/Edit
<input type="checkbox"/>	08/31/2021	Bill		Paul Clampitt	Interest Expense	Interest	\$5,416.67	2	View/Edit
<input type="checkbox"/>	07/31/2021	Bill		Paul Clampitt	-Split-	July 2021 Interest on Paul's notes	\$5,524.99	6	View/Edit
<input type="checkbox"/>	07/31/2021	Bill		Paul Clampitt	Interest Expense	Interest	\$5,416.67	2	View/Edit
<input type="checkbox"/>	06/30/2021	Bill		Paul Clampitt	-Split-	May 2021 Interest on Paul's notes	\$5,524.99	6	View/Edit
<input type="checkbox"/>	06/30/2021	Bill		Paul Clampitt	Interest Expense	Interest	\$5,416.67	2	View/Edit
<input type="checkbox"/>	05/31/2021	Bill		Paul Clampitt	-Split-	June 2021 Interest on Paul's notes	\$5,524.99	6	View/Edit

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	05/31/2021	Bill		Paul Clampitt	Interest Expense	Interest	\$5,416.67	2	View/Edit
<input type="checkbox"/>	04/30/2021	Bill		Paul Clampitt	-Split-	Apr 2021 Interest on Paul's notes	\$5,274.99	6	View/Edit
<input type="checkbox"/>	04/30/2021	Bill		Paul Clampitt	Interest Expense	Interest	\$5,416.67	2	View/Edit

SmartHealth PayCard

Type: All transactions · Status: All statuses · Name: Jeff Blankinship · Date: All dates

undefined	Date	Type	No.	Payee	Category	Memo	Total	Attachments	Action
<input type="checkbox"/>	07/29/2022	Bill Payment (Check)	1350	Jeff Blankinship		Reimbursement for legal fees paid	-\$4,283.75		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	07/29/2022	Journal Entry	351	Jeff Blankinship			-\$60,000.00		
<input type="checkbox"/>	04/28/2022	Bill Payment (Check)	1332	Jeff Blankinship			-\$12,000.00	1	View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/28/2022	Bill Payment (Check)	1331	Jeff Blankinship		Voided	\$0.00		View/Edit <input type="checkbox"/>
<input type="checkbox"/>	04/12/2022	Bill Payment (Check)	ACH 02.20	Jeff Blankinship			\$0.00		View/Edit <input type="checkbox"/>